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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/384,393 08/27/1999 PAT 6,421,593  
 which is a CIP of 09/364,690 07/30/1999 ABN *BS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 25	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>BS</i> Examiner's Signature Initials				

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## TITLE

CONTROL SYSTEM AND METHOD FOR AN EQUIPMENT SERVICE VEHICLE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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